

**EXHIBIT A:**

**NORTHROP GRUMMAN'S LETTER MOTION RE *LONE PINE* ORDER**

**MORRISON | FOERSTER**

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DENVER, HONG KONG, LONDON,  
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NORTHERN VIRGINIA, PALO ALTO,  
SAN DIEGO, SAN FRANCISCO, SHANGHAI,  
SINGAPORE, TOKYO, WASHINGTON, D.C.

March 4, 2019

Writer's Direct Contact

+1 (212) 336.4257

jkaufman@mofo.com

**Via ECF**

The Honorable Denis R. Hurley  
Long Island Federal Courthouse  
944 Federal Plaza  
Central Islip, New York 11722

Re: *Romano v. Northrop Grumman Corporation et al.*, No. 16-cv-05760 (E.D.N.Y.)

Dear Judge Hurley:

On behalf of Northrop Grumman Corporation and Northrop Grumman Systems Corporation (collectively, "Northrop Grumman"), and pursuant to Section 3 of the Court's Individual Motion Practices and Rules, we respectfully request that this Court exercise its authority under Federal Rule of Civil Procedure ("Rule") 16(c)(2)(L) to enter a modified case management order requiring Plaintiffs to demonstrate exposure to hazardous substances and to substantiate the causation element of their claims before this action proceeds further.

**1. Plaintiffs' Own Test Results Show No Contamination on Their Properties.**

Plaintiffs filed this action based on certain test results that allegedly showed "elevated levels of toxic contaminants and industrial solvents," on and/or underneath their properties, including volatile organic compounds and industrial solvents such as trichloroethylene ("TCE") rising from a groundwater "plume" originating from Northrop Grumman and the Navy's historic operations in Bethpage. (SAC ¶¶ 127, 130, 133, 136, 139, 142, 145, 148 and 153.)<sup>1</sup> Northrop Grumman served its First Request for Admission ("RFA No. 1"), asking Plaintiffs to admit the accuracy of the those test results, which—contrary to the allegations in the SAC—revealed that samples of soil gas taken eight feet below the surface on each property tested show that *none* of the substances listed in the SAC were detected on Plaintiffs' properties as alleged. Specifically, those results show *no* TCE or any TCE breakdown products in soil gas; *no* polychlorinated biphenyl (PCBs) detected in soil; and *no* other substances identified in the SAC "at concentration levels in excess of federal and/or state regulatory limits." (*Id.* at ¶ 99.)<sup>2</sup> After asserting baseless

<sup>1</sup> Northrop Grumman sought in the first instance to move to dismiss the Second Amended Complaint ("SAC") for failure to plausibly allege causation in addition to failure to allege timely claims. (Dkt. No. 37.) This Court deferred the proposed causation ground, permitting Northrop Grumman to renew it, if needed, after the timeliness motion was decided. (Order re: Dkt. Nos. 37-39, June 29, 2018.) Since then, discovery has confirmed facts that contradict the key allegations. Northrop Grumman raised the request herein before Judge Lindsay, who directed that it be made to Your Honor. (*See* Feb. 4, 2019 Hearing Tr. at 17:6-18:10.)

<sup>2</sup> The sole detections of other substances mentioned in the SAC were at trace levels, far below federal and/or state regulatory standards (which are well below any level that could cause harm). (*See* Dkt. No. 68-1 at 6, Attachment 1

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objections, subjecting Northrop Grumman to unnecessary motion practice, and receiving not one but two court Orders, Plaintiffs finally admitted the accuracy of their own test results, which call into question whether this lawsuit should ever have been filed. (*See* Ex. 1, Second Amend. Resp. to RFA No. 1, Feb. 19, 2019.) In short, Plaintiffs admit that their *own* testing contradicts the claim that there are hazardous levels of substances on their properties originating from Northrop Grumman’s historical work with the Navy—the allegation at the heart of every claim they assert. Discovery to date, specifically the putative class representative Plaintiffs’ written responses to court-ordered fact sheets, reinforces that there was no proper basis for this lawsuit. Those responses confirm that the putative class representatives do not know the substances to which they were allegedly exposed and do not know which substances allegedly caused them harm. (PL-ROM000007, 83, 137, 209, 320, 384, 439, 511, 576, 646, 710, 786, 851, 906.)<sup>3</sup> At most, one Plaintiff states that a doctor told her that her injury “could possibly be related to Grumman” (PL-ROM000144); the other Plaintiffs cannot point to one doctor or other expert who has suggested that their injuries could have been caused by hazardous substances in their community, let alone by contaminants allegedly linked to Northrop Grumman and the Navy that may exist in plumes deep below the surface. (PL-ROM000014, 216, 327, 391, 446, 518, 583, 717, 793, 913.) This absence of facts supporting causation or exposure is not surprising; it confirms what regulators have long concluded—there was and is no off-site public health risk associated with the plumes.<sup>4</sup>

## 2. Plaintiffs Should Be Required to Produce Expert Affidavits on Exposure and Causation Before this Action Proceeds.

In light of the foregoing, the court should enter a “*Lone Pine*” order requiring Plaintiffs to come forward with credible *prima facie* evidence on the causation element of their claims.<sup>5</sup> Courts in

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to RFA No. 1.) For instance, the maximum concentration of 2-Butanone (“MEK”) detected on any property was 280 µg/m<sup>3</sup>, less than 0.2% of the United States Environmental Protection Agency Screening Level for residential soil vapor of 170,000 µg/m<sup>3</sup>)—and MEK, in any event, has not been identified by the New York State Department of Environmental Conservation Records of Decision as a constituent of the plumes.

<sup>3</sup> A true and correct copy of relevant excerpts of Plaintiffs’ discovery responses is attached hereto as Ex. 2.

<sup>4</sup> *See, e.g.*, Dkt. No. 59-5 (2013 NYSDOH Study) at 9 (no evidence of “unusual patterns of cancer” occurrence in areas of Bethpage where properties—unlike here—actually *did* have elevated levels of potentially hazardous substances); Dkt. No. 59-3 (1995 OU-1 ROD) at BETPARK000032 (explaining why “route of exposure” to potential contaminants had been “ruled out”); Dkt. No. 59-4 (2001 OU-2 ROD) at pp 45-46 (finding “no exposure pathway” offsite and stating “there’s absolutely no way for . . . property to be contaminated by groundwater 100 or 200 or 400 feet below . . . .”); Dkt. No. 59-1 (2013 OU-3 ROD) at pp A-10 (“NYSDOH evaluation of data shows that that people in the Bethpage area are not currently being exposed to site related contamination at levels that are expected to result in adverse health effects.”).

<sup>5</sup> *Lore v. Lone Pine Corp.*, No. L-33606-85, 1986 WL 637507 (N.J. Super. Ct. Law Div. Nov. 18, 1986).

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this Circuit and elsewhere regularly impose such procedures where, as here, it is needed “to protect defendants and the Court from the burdens associated with potentially non-meritorious mass tort claims.” *Abbatiello v. Monsanto Co.*, 569 F. Supp. 2d 351, 354 (S.D.N.Y. 2008); *see also Baker v. Anschutz Exploration Corp.*, No. 11-CV-6119 CJS, 2013 WL 3282880 at \*3 (W.D.N.Y. June 27, 2013) (“[t]he basic purpose of a *Lone Pine* order is to identify and cull potentially meritless claims and streamline litigation in complex cases.”) (citation omitted).<sup>6</sup>

As courts have recognized, the burden on plaintiffs of completing a *Lone Pine* process is minimal, as it merely requires each plaintiff to disclose basic “information [that he] should have had before filing” a claim consistent with Rule 11, including “information regarding the nature of his injuries, the circumstances under which he could have been exposed to harmful substances, and the basis for believing that the named defendants were responsible for his injuries.” *See, e.g., Acuna v. Brown & Root Inc.*, 200 F.3d 335, 337-8, 340 (5th Cir. 2000). In contrast, the benefit of a *Lone Pine* process is significant, as it serves to cull out frivolous claims, saving the Court and the parties from proceeding with protracted litigation where plaintiffs cannot present basic information central to their claims. *See In re Fosamax Prods. Liab. Litig.*, No. 06 MD 1789 (JFK), 2012 WL 5877418, at \*2 (S.D.N.Y. Nov. 20, 2012) (citing *In re Digitek Prod. Liability Litig.*, 264 F.R.D. 249, 256 (S.D.W.Va. 2010) (issuing *Lone Pine* order where there was reason to believe MDL included meritless claims; dismissing 430 of 439 cases)).

Before proceeding further, each named Plaintiff should therefore be required to present: (1) a property-specific expert report that soil or soil vapor on the properties where Plaintiffs reside or resided in Bethpage contains hazardous substances originating from Northrop Grumman/Navy’s operations via the groundwater plumes identified in the SAC; and (2) a case-specific expert report that Plaintiffs’ injuries were caused by exposure to the hazardous substances identified in the soil or soil vapor on their properties. In light of the abundant pre-suit evidence showing the alleged contamination at the heart of this action does not exist, implementation of a *Lone Pine* process would efficiently streamline this litigation, eliminating what appear to be claims that were meritless when filed. Northrop Grumman is available to confer regarding its proposed motion at the Court’s convenience.

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<sup>6</sup> *See, e.g., Abner v. Hercules, Inc.*, No. 2:14-cv-63-KS-MTP, 2014 WL 5817542, at \*5 (S.D. Miss. November 10, 2014) (case lacking specific allegations of contamination and causation was the “classic expansive, time-consuming, and highly expert dependent case that gave birth to the *Lone Pine* case management method.”) (internal citations and quotation marks omitted); *Wilcox ex rel. Estate of Wilcox v. Homestake Mining Co.*, No. CIV. 04-534 JC/WDS, 2008 WL 4697013, at \*1 (D.N.M. Oct. 23, 2008) (ordering plaintiffs to “produce expert affidavits which make a *prima facie* showing of harmful exposure and specific causation for each injury the particular Plaintiff claims was caused by the Defendants’ alleged contamination”), *aff’d*, 619 F.3d 1165 (10th Cir. 2010); *In re 1994 Exxon Chem. Plant Fire Litig.*, No. 94-MS-3-C-1, 2005 WL 6252312, at \*1–2 (M.D. La. Apr. 7, 2005) (*Lone Pine* order appropriate where plaintiffs only “broadly alleged that substances were released, [plaintiffs] were exposed to the substances, and they were injured or otherwise suffered damages from the exposure”).



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The Honorable Judge Denis R. Hurley  
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Respectfully submitted,

/s/ Jessica Kaufman

Jessica Kaufman

cc: The Honorable Judge Arlene R. Lindsay  
All counsel of record (via ECF)

# Exhibit 1

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

-----X  
ROSALIE ROMANO; PATRICIA GLUECKERT,  
individually and on behalf of the Estate of WILLIAM G.  
GLUECKERT; WILLIAM P. GLUECKERT;  
FRANCISCO PASTOLERO and MARIA SPICER; JAYNE  
MANN; DENISE FLORIO; ROSS MEADOW and  
ARLENE MEADOW; JACOB KHOLODNY and BELLA  
KHOLODNY; FLO RAUCCI, individually and on behalf of  
the Estate of SALVATORE RAUCCI; DANIEL  
GALLANTE and JENNIFER GALLANTE; and TERESA  
MEADE, individually and on behalf of all others similarly  
situated; and MARYANN HERBERT; CHRISTINA  
ANDREWS-SALES; CHRISTOPHER CAGNA; JACKIE  
LIEBERMAN; CATHERINE LEWONKA; EUGENE  
CONNOLLY; VIVIANE BLICKENS DERFER; DANA  
BLICKENS DERFER; GLENN FALINO and MARCIA  
FALINO; and MICHAEL FALINO, individually,

Case No: 16-cv-5760

HON. DENIS R. HURLEY

HON. ARLENE R. LINDSAY

*Plaintiffs,*

*-against -*

NORTHROP GRUMMAN CORPORATION; NORTHROP  
GRUMMAN SYSTEMS CORPORATION; and TOWN OF  
OYSTER BAY

*Defendants.*

-----X  
**PLAINTIFFS' SECOND AMENDED RESPONSE TO NORTHROP GRUMMAN  
CORPORATION'S AND NORTHROP GRUMMAN SYSTEMS CORPORATION'S  
FIRST REQUEST FOR ADMISSION TO PLAINTIFFS**

Pursuant to Federal Rule of Civil Procedure 36(a), Plaintiffs, through their undersigned counsel, pursuant to the Court's Order dated February 4, 2019, hereby amend their Response to Northrop Grumman Corporation's and Northrop Grumman Systems Corporation's (collectively "Grumman") First Request for Admission as follows:

**Request:**

Admit that Attachment 1 hereto accurately sets forth certain results of the environmental chemical sampling reported in Exhibit A to your affirmation in Reply filed in *Romano v. Town of Oyster Bay*, No. 601158/17 (N.Y. Sup. Ct. July 21, 2017) (Dkt. No. 34).

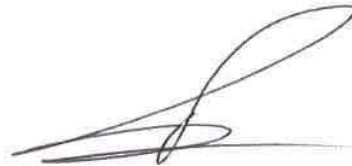
**Response:**

1. Attachment 1 to Grumman's Request for Admission is a one page table, created by Grumman, that selects 10 substances out of a list of about 66 substances (or 73, counting PCBs) tested for during an environmental sampling event conducted at several residential properties in April 2016.
2. The complete laboratory results of the above sampling event, as reported in "Exhibit A", are part of the record before this Court (*Romano et al. v. Northrop Grumman Corp. et al.*, 2:16-cv-5760-DRH-ARL, Doc. No. 59, Ex. 8), and speak for themselves.
3. Plaintiffs admit that Grumman's table, Attachment 1, accurately sets forth certain results of the environmental chemical sampling reported in Exhibit A.

Dated: February 19, 2019  
Melville, New York

**NAPOLI SHKOLNIK PLLC**

*Attorneys for Plaintiffs and the Proposed Class*



By: \_\_\_\_\_  
Lilia Factor, Esq.  
360 Lexington Ave., 11<sup>th</sup> Floor  
New York, NY, 10017  
Tel: (212) 397-1000  
lfactor@napolilaw.com

TO: Jessica Kaufman, Esq.  
MORRISON & FOERSTER LLP  
250 West 55th Street  
New York, NY 10019  
jkaufman@mofo.com

Peter F. Tamigi, Esq.  
MILBER MAKRIS PLOUSADIS & SEIDEN, LLP  
1000 Woodbury Rd., Suite 402  
Woodbury, NY 11797  
ptamigi@milbermakris.com

# Exhibit 2

**PLAINTIFF FACT SHEET**

I am completing this Fact Sheet on behalf of:

☒ myself    ☐ a minor    ☐ other, specify \_\_\_\_\_.**I. BACKGROUND**

1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)

Arlene MeadowLila Factor from Napoli, Shkolnik

2. Plaintiff's full name:

RossLawrenceMeadow

First

Middle

Last

3. Current Address:

8 Hoover Lane

Street Address

Apt. No.

BethpageNY11714

City

State

Zip

4. Date and place of Birth: \_\_\_\_\_

5. Social Security number: \_\_\_\_\_

6. Maiden name, if any: \_\_\_\_\_

7. Any other names that you have been known by: \_\_\_\_\_



**II. PROPERTY DAMAGE CLAIMS**

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

☒ Yes ☐ No

20. If Yes, please state the address of each property that you claim has been damaged:

PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.)

Owner(s)

Russell Arlene Mendon 8 Hoover Lane, Bushong NY 11714

- a. What do you claim is damaged at this property? (i.e. Soil/water/air):

Soil & water

If you claim a structure is damaged, please state the year the structure was built:

- b. Identify the specific hazardous substance(s) you claim are present at this property?:

volatile substances

- c. Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? ☒ Yes ☐ No ☐ I do not know

If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and **provide a copy** of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.

Done by Attorney April 2016

- d. How and when did you first notice or learn of the presence of such Hazardous substances?

contacted by Attorney Napoli/Szkolnik

- e. Are the Hazardous substances still present on the property today?

☒ Yes. ☐ No. ☐ I do not know.

If no, when did the Hazardous substances cease to be present? \_\_\_\_\_

- f. Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?


Please also provide an authorization to obtain medical records in the form provided at Exhibit E for each Medical Practitioner or Medical Treatment Facility identified.

Please also provide an authorization to obtain medical insurance records in the form provided at Exhibit F for each insurer to whom you submitted a claim with respect to any of the specified conditions or injuries.

30. Have you ever been told by any Medical Practitioners that any of the physical injuries, illnesses or conditions for which you are seeking damages in this lawsuit may have been caused, in whole or in part, by any of the defendants or by Hazardous substances for which you seek to recover damages in this lawsuit?

\_\_\_ Yes. ☒ No. *I did not Ask.*

If yes, please state which condition you were told may have been caused, in whole or in part, by any of the defendants or Hazardous substances and identify the Medical Practitioner who told you this and the date on which you were told: \_\_\_\_\_

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31. Please identify all current expenses incurred, such as any medical expenses, including all out-of-pocket expenses which you contend are related to any injury caused by your exposure to Hazardous substances as alleged in the Second Amended Complaint, including the total amount of such expenses at this time.

*Don't remember.*

**PLAINTIFF FACT SHEET**

I am completing this Fact Sheet on behalf of:

☒ myself    ☐ a minor    ☐ other, specify \_\_\_\_\_.**I. BACKGROUND**

1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)

Boss L. Meadow (husband)

Lilia Factor / Nepali Skolnick

2. Plaintiff's full name:

First

Middle

Last

3. Current Address:

8 Haver Lane

Street Address

Apt. No.

City

State

Zip

4. Date and place of Birth:

5. Social Security number:

6. Maiden name, if any:

7. Any other names that you have been known by:

## II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

☒ Yes ☐ No

20. If Yes, please state the address of each property that you claim has been damaged:

PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.)

Owner(s)

Russ + Alene Meadow S Hoover Lane Bethpage NY 11714

- a. What do you claim is damaged at this property? (i.e. Soil/water/air):

soil + water

If you claim a structure is damaged, please state the year the structure was built:

- b. Identify the specific hazardous substance(s) you claim are present at this property? :

soil was tested + volatile chemicals were found

- c. Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? ☒ Yes ☐ No ☐ I do not know

If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and **provide a copy** of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.

done by atty 4/16

- d. How and when did you first notice or learn of the presence of such Hazardous substances?

when contacted by atty. Napoli/Shklnick

- e. Are the Hazardous substances still present on the property today?

☒ Yes. ☐ No. ☐ I do not know.

If no, when did the Hazardous substances cease to be present? \_\_\_\_\_

- f. Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?

**PLAINTIFF FACT SHEET**

I am completing this Fact Sheet on behalf of:

☒ myself    ☐ a minor    ☐ other, specify \_\_\_\_\_.**I. BACKGROUND**

1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)

Lilia factor  
Napoli Shkolnik

2. Plaintiff's full name:

Denise    Marie    Florio  
 First                      Middle                      Last

3. Current Address:

15 N. Robert Damm ST  
Bethpage    ny    11714  
 City                      State                      Zip

4. Date and place of Birth

5. Social Security number

6. Maiden name, if any: \_\_\_\_\_

7. Any other names that you have been known by:

NO



## II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

   Yes    No

20. If Yes, please state the address of each property that you claim has been damaged:

PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.)

Owner(s) 15 N Robert Damm St  
Bethpage NY 11714

- a. What do you claim is damaged at this property? (i.e. Soil/water/air):

Soil, water, air

If you claim a structure is damaged, please state the year the structure was built:

N/A

- b. Identify the specific hazardous substance(s) you claim are present at this property? : Don't remember

- c. Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present?    Yes    No    I do not know

If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and **provide a copy** of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.

April 2016 testing  
Summer 2018 testing Radon (attached)

- d. How and when did you first notice or learn of the presence of such Hazardous substances?

I learned about Grumman's th plume from

- e. Are the Hazardous substances still present on the property today? meetings community  
   Yes.    No.    I do not know.

If no, when did the Hazardous substances cease to be present?                     

- f. Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?


Please also provide an authorization to obtain medical records in the form provided at Exhibit E for each Medical Practitioner or Medical Treatment Facility identified.

Please also provide an authorization to obtain medical insurance records in the form provided at Exhibit F for each insurer to whom you submitted a claim with respect to any of the specified conditions or injuries.

30. Have you ever been told by any Medical Practitioners that any of the physical injuries, illnesses or conditions for which you are seeking damages in this lawsuit may have been caused, in whole or in part, by any of the defendants or by Hazardous substances for which you seek to recover damages in this lawsuit?

☒ Yes. ☐ No.

If yes, please state which condition you were told may have been caused, in whole or in part, by any of the defendants or Hazardous substances and identify the Medical Practitioner who told you this and the date on which you were told:

Dr. Citron said it (breast cancer) could possibly be related to ERMMA

31. Please identify all current expenses incurred, such as any medical expenses, including all out-of-pocket expenses which you contend are related to any injury caused by your exposure to Hazardous substances as alleged in the Second Amended Complaint, including the total amount of such expenses at this time.

Approx. \$3,000



**PLAINTIFF FACT SHEET**

I am completing this Fact Sheet on behalf of:

☒ myself    ☐ a minor    ☐ other, specify \_\_\_\_\_.

**I. BACKGROUND**

1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)

Lilia Factor, Esq Napoli Shkolnik

2. Plaintiff's full name: Rosalie Romano  
First Middle Last

3. Current Address:  
68 Sherman Av  
Street Address  
Bldg 88 NY Apt. No. 11714  
City State Zip

4. Date and place of Birth:

5. Social Security number:

6. Maiden name, if any: \_\_\_\_\_

7. Any other names that you have been known by:

NO

## II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

☒ Yes \_\_\_ No

20. If Yes, please state the address of each property that you claim has been damaged:

PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.)

Owner(s) 68 Sherman Av. Bxhpage NY 11714  
Erin Cagle Rosalie Romano

- a. What do you claim is damaged at this property? (i.e. Soil/water/air):

ALL OF THE ABOVE

If you claim a structure is damaged, please state the year the structure was built:

N/A

- b. Identify the specific hazardous substance(s) you claim are present at this property? :

Not Sure

- c. Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? ☒ Yes \_\_\_ No \_\_\_ I do not know

If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and **provide a copy** of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.

- d. How and when did you first notice or learn of the presence of such Hazardous substances?

At this property - 4/2016

- e. Are the Hazardous substances still present on the property today?

☒ Yes. \_\_\_ No. \_\_\_ I do not know.

If no, when did the Hazardous substances cease to be present? \_\_\_\_\_

- f. Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?

Dr. Michale (Nemirov)	600 Northern Blvd Great Neck ny	2003?

Please also provide an authorization to obtain medical records in the form provided at Exhibit E for each Medical Practitioner or Medical Treatment Facility identified.

Please also provide an authorization to obtain medical insurance records in the form provided at Exhibit F for each insurer to whom you submitted a claim with respect to any of the specified conditions or injuries.

30. Have you ever been told by any Medical Practitioners that any of the physical injuries, illnesses or conditions for which you are seeking damages in this lawsuit may have been caused, in whole or in part, by any of the defendants or by Hazardous substances for which you seek to recover damages in this lawsuit?

\_\_\_ Yes. X No.

If yes, please state which condition you were told may have been caused, in whole or in part, by any of the defendants or Hazardous substances and identify the Medical Practitioner who told you this and the date on which you were told: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

31. Please identify all current expenses incurred, such as any medical expenses, including all out-of-pocket expenses which you contend are related to any injury caused by your exposure to Hazardous substances as alleged in the Second Amended Complaint, including the total amount of such expenses at this time.

I don't know

**PLAINTIFF FACT SHEET**

I am completing this Fact Sheet on behalf of:

☒ myself    ☐ a minor    ☐ other, specify \_\_\_\_\_

**I. BACKGROUND**

1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (*Do not identify anyone who simply typed or reproduced the responses.*)

\_\_\_\_\_  
\_\_\_\_\_  
2. Plaintiff's full name:  
Jennifer      M.      Gallante  
First                      Middle                      Last

3. Current Address:  
17 Keats Court  
\_\_\_\_\_  
Street Address                      Apt. No. 11714  
Bethpage      NY                      11714  
City                      State                      Zip

4. Date and place of Birth: \_\_\_\_\_

5. Social Security number: \_\_\_\_\_

6. Maiden name, if any: \_\_\_\_\_

7. Any other names that you have been known by: \_\_\_\_\_

## II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

☒ Yes ☐ No

20. If Yes, please state the address of each property that you claim has been damaged:

PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.)

Owner(s)

17 Keats Ct  
Bathpage, NY 11714

- a. What do you claim is damaged at this property? (i.e. Soil/water/air):

soil, water, air

If you claim a structure is damaged, please state the year the structure was built:

- b. Identify the specific hazardous substance(s) you claim are present at this property? :

volatile chemicals used  
by Crumman, VOC's

- c. Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? ☒ Yes ☐ No ☐ I do not know

If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and **provide a copy** of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.

April 2016 - soil  
Laurel Environment # never saw results

- d. How and when did you first notice or learn of the presence of such Hazardous substances?

right after the property was tested.

- e. Are the Hazardous substances still present on the property today?

☒ Yes. ☐ No. ☐ I do not know.

If no, when did the Hazardous substances cease to be present? \_\_\_\_\_

- f. Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?

Dr. Mehran Mansouri, Plainview Hospital	25 Central Park Rd Plainview, NY	2013
Dr. Ko Ka-gynocologist	8 Seitz Bethpage	1990's - 2017

Please also provide an authorization to obtain medical records in the form provided at Exhibit E for each Medical Practitioner or Medical Treatment Facility identified.

Please also provide an authorization to obtain medical insurance records in the form provided at Exhibit F for each insurer to whom you submitted a claim with respect to any of the specified conditions or injuries.

30. Have you ever been told by any Medical Practitioners that any of the physical injuries, illnesses or conditions for which you are seeking damages in this lawsuit may have been caused, in whole or in part, by any of the defendants or by Hazardous substances for which you seek to recover damages in this lawsuit?

\_\_\_ Yes. ☒ No.

If yes, please state which condition you were told may have been caused, in whole or in part, by any of the defendants or Hazardous substances and identify the Medical Practitioner who told you this and the date on which you were told: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Please identify all current expenses incurred, such as any medical expenses, including all out-of-pocket expenses which you contend are related to any injury caused by your exposure to Hazardous substances as alleged in the Second Amended Complaint, including the total amount of such expenses at this time.

\_\_\_\_\_



**PLAINTIFF FACT SHEET**

I am completing this Fact Sheet on behalf of:

☒ myself    ☐ a minor    ☐ other, specify \_\_\_\_\_

**I. BACKGROUND**

1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)

2. Plaintiff's full name: \_\_\_\_\_  
Daniel E. Gallante  
First Middle Last

3. Current Address: \_\_\_\_\_  
in Keats Ct.  
Street Address  
Bethpage NY 11714  
City State Apt. No. Zip

4. Date and place of Birth: \_\_\_\_\_  
5. Social Security number: \_\_\_\_\_  
6. Maiden name, if any: \_\_\_\_\_  
7. Any other names that you have been known by: \_\_\_\_\_



## II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

☒ Yes ☐ No

20. If Yes, please state the address of each property that you claim has been damaged:

PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.)

Owner(s)

17 Keats Ct  
Bethpage, NY 11714

- a. What do you claim is damaged at this property? (i.e. Soil/water/air):

soil, water, air

If you claim a structure is damaged, please state the year the structure was built:

- b. Identify the specific hazardous substance(s) you claim are present at this property? :

volatile compound chemicals  
used by Drummond

- c. Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? ☒ Yes ☐ No ☐ I do not know

If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and **provide a copy** of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.

April 2016 - soil & never saw results  
Laurel Environment

- d. How and when did you first notice or learn of the presence of such Hazardous substances?

right after property was tested

- e. Are the Hazardous substances still present on the property today?

☒ Yes. ☐ No. ☐ I do not know.

If no, when did the Hazardous substances cease to be present? \_\_\_\_\_

- f. Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?


**Please also provide an authorization to obtain medical records in the form provided at Exhibit E for each Medical Practitioner or Medical Treatment Facility identified.**

**Please also provide an authorization to obtain medical insurance records in the form provided at Exhibit F for each insurer to whom you submitted a claim with respect to any of the specified conditions or injuries.**

30. Have you ever been told by any Medical Practitioners that any of the physical injuries, illnesses or conditions for which you are seeking damages in this lawsuit may have been caused, in whole or in part, by any of the defendants or by Hazardous substances for which you seek to recover damages in this lawsuit?

\_\_\_ Yes. \_\_\_ No. *I don't remember*

If yes, please state which condition you were told may have been caused, in whole or in part, by any of the defendants or Hazardous substances and identify the Medical Practitioner who told you this and the date on which you were told: \_\_\_\_\_

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31. Please identify all current expenses incurred, such as any medical expenses, including all out-of-pocket expenses which you contend are related to any injury caused by your exposure to Hazardous substances as alleged in the Second Amended Complaint, including the total amount of such expenses at this time.

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**PLAINTIFF FACT SHEET**

I am completing this Fact Sheet on behalf of:

☒ myself    ☐ a minor    ☐ other, specify \_\_\_\_\_.

**I. BACKGROUND**

1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)

Michelle Grzane (Napoli)

2. Plaintiff's full name:

Jayne  
First

Theresa  
Middle

Mann  
Last

3. Current Address:

40 Martin Road South

Street Address

Apt. No.

Bethpage  
City

NY  
State

11714  
Zip

4. Date and place of Birth:

5. Social Security number:

6. Maiden name, if any:

7. Any other names that you have been known by:

N/A

## II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

☒ Yes ☐ No

20. If Yes, please state the address of each property that you claim has been damaged:

PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.)

Owner(s) 40 Martin Road South, Bethpage NY 11714  
Jayne Mann + Justin Mann

- a. What do you claim is damaged at this property? (i.e. Soil/water/air):

Soil and water

If you claim a structure is damaged, please state the year the structure was built:

- b. Identify the specific hazardous substance(s) you claim are present at this property? :

- c. Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? ☒ Yes ☐ No ☐ I do not know

If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and **provide a copy** of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.

- d. How and when did you first notice or learn of the presence of such Hazardous substances?

- e. Are the Hazardous substances still present on the property today?

☒ Yes. ☐ No. ☐ I do not know.

If no, when did the Hazardous substances cease to be present? \_\_\_\_\_

- f. Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?


**Please also provide an authorization to obtain medical records in the form provided at Exhibit E for each Medical Practitioner or Medical Treatment Facility identified.**

**Please also provide an authorization to obtain medical insurance records in the form provided at Exhibit F for each insurer to whom you submitted a claim with respect to any of the specified conditions or injuries.**

30. Have you ever been told by any Medical Practitioners that any of the physical injuries, illnesses or conditions for which you are seeking damages in this lawsuit may have been caused, in whole or in part, by any of the defendants or by Hazardous substances for which you seek to recover damages in this lawsuit?

\_\_\_ Yes. ☒ No.

If yes, please state which condition you were told may have been caused, in whole or in part, by any of the defendants or Hazardous substances and identify the Medical Practitioner who told you this and the date on which you were told: \_\_\_\_\_

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31. Please identify all current expenses incurred, such as any medical expenses, including all out-of-pocket expenses which you contend are related to any injury caused by your exposure to Hazardous substances as alleged in the Second Amended Complaint, including the total amount of such expenses at this time.

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**PLAINTIFF FACT SHEET**

I am completing this Fact Sheet on behalf of:

☒ myself ☐ a minor ☐ other, specify \_\_\_\_\_

**I. BACKGROUND**

1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)

LILIA TACOR ESQ  
NAPLISHOLNIK PLLC

2. Plaintiff's full name:

Bella KHOLODNY  
First Middle Last

3. Current Address:

7 ceil Place  
Bethpage NY 11714  
Street Address City State Apt. No. Zip

4. Date and place of Birth:

5. Social Security number:

6. Maiden name, if any:

7. Any other names that you have been known by:

Berta



## II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

☒ Yes ☐ No

20. If Yes, please state the address of each property that you claim has been damaged:

PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.)

Owner(s) 7 ceil PC Bethpage NY 11718  
Tarab, Bella, Alexander  
Kholodny

- a. What do you claim is damaged at this property? (i.e. Soil/water/air):

soil, water/air.

If you claim a structure is damaged, please state the year the structure was built:

- b. Identify the specific hazardous substance(s) you claim are present at this property? : i dont know

- c. Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? ☒ Yes ☐ No ☐ I do not know

If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and **provide a copy** of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.

We only had testing in April 2016

- d. How and when did you first notice or learn of the presence of such Hazardous substances?

i dont remember

- e. Are the Hazardous substances still present on the property today?

Yes. ☐ No. ☐ I do not know.

If no, when did the Hazardous substances cease to be present? \_\_\_\_\_

- f. Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?




Please also provide an authorization to obtain medical records in the form provided at Exhibit E for each Medical Practitioner or Medical Treatment Facility identified.

Please also provide an authorization to obtain medical insurance records in the form provided at Exhibit F for each insurer to whom you submitted a claim with respect to any of the specified conditions or injuries.

30. Have you ever been told by any Medical Practitioners that any of the physical injuries, illnesses or conditions for which you are seeking damages in this lawsuit may have been caused, in whole or in part, by any of the defendants or by Hazardous substances for which you seek to recover damages in this lawsuit?

☒ Yes. ☐ No.

If yes, please state which condition you were told may have been caused, in whole or in part, by any of the defendants or Hazardous substances and identify the Medical Practitioner who told you this and the date on which you were told:

Dr. Filardi just said that a lot  
of people in Bethpage have cancer

31. Please identify all current expenses incurred, such as any medical expenses, including all out-of-pocket expenses which you contend are related to any injury caused by your exposure to Hazardous substances as alleged in the Second Amended Complaint, including the total amount of such expenses at this time.

Copays For doctor visit and operations

**PLAINTIFF FACT SHEET**

I am completing this Fact Sheet on behalf of:

☒ myself    ☐ a minor    ☐ other, specify \_\_\_\_\_.**I. BACKGROUND**

1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)

Lilia Factor, Esq.  
Napoli Shkolnik, PLLC

2. Plaintiff's full name: Jacob Kholodny  
First Middle Last

3. Current Address:

7 Ceil Place  
Street Address Apt. No. 11714  
Bethpage, NY  
City State Zip

4. Date and place of Birth: \_\_\_\_\_  
5. Social Security number: \_\_\_\_\_  
6. Maiden name, if any: \_\_\_\_\_  
7. Any other names that you have been known by: \_\_\_\_\_

## II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

☒ Yes ☐ No

20. If Yes, please state the address of each property that you claim has been damaged:

PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.)

Owner(s) 7 Ceil Place, Bethpage  
Jacob, Bella, and Alexander Kholodny

- a. What do you claim is damaged at this property? (i.e. Soil/water/air):

soil, water, and air

If you claim a structure is damaged, please state the year the structure was built:

- b. Identify the specific hazardous substance(s) you claim are present at this property? :

I don't know.

- c. Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? ☒ Yes ☐ No ☐ I do not know

If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and **provide a copy** of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.

We only had testing in April 2016.

- d. How and when did you first notice or learn of the presence of such Hazardous substances?

I don't remember

- e. Are the Hazardous substances still present on the property today?

☐ Yes. ☐ No. ☒ I do not know.

If no, when did the Hazardous substances cease to be present? \_\_\_\_\_

- f. Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?


**Please also provide an authorization to obtain medical records in the form provided at Exhibit E for each Medical Practitioner or Medical Treatment Facility identified.**

**Please also provide an authorization to obtain medical insurance records in the form provided at Exhibit F for each insurer to whom you submitted a claim with respect to any of the specified conditions or injuries.**

30. Have you ever been told by any Medical Practitioners that any of the physical injuries, illnesses or conditions for which you are seeking damages in this lawsuit may have been caused, in whole or in part, by any of the defendants or by Hazardous substances for which you seek to recover damages in this lawsuit?

☒ Yes, ☐ No.

If yes, please state which condition you were told may have been caused, in whole or in part, by any of the defendants or Hazardous substances and identify the Medical Practitioner who told you this and the date on which you were told:

Kidney cancer, Dr. Kavoussi said that  
a lot of people in Bethpage have cancer.

31. Please identify all current expenses incurred, such as any medical expenses, including all out-of-pocket expenses which you contend are related to any injury caused by your exposure to Hazardous substances as alleged in the Second Amended Complaint, including the total amount of such expenses at this time.

Copays for doctors visits and operations

**PLAINTIFF FACT SHEET**

I am completing this Fact Sheet on behalf of:

☒ myself    ☐ a minor    ☐ other, specify \_\_\_\_\_

**I. BACKGROUND**

1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)

Lilia Factor from Napoli Shkolnik  
William P. Glueckert

2. Plaintiff's full name: Patricia Glueckert  
First Middle Last

3. Current Address:  
3 Kay Ave  
Street Address  
Bethpage N.Y. Apt. No. 11714  
City State Zip

4. Date and place of Birth:  
5. Social Security number:  
6. Maiden name, if any: \_\_\_\_\_  
7. Any other names that you have been known by:

Pat



## II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

☒ Yes ☐ No

20. If Yes, please state the address of each property that you claim has been damaged:

PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.)

Owner(s) 3 Kay Ave Bethpage N.Y. 11714  
Patricia Glueckert, (was co owner with deceased spouse William Glueckert)

- a. What do you claim is damaged at this property? (i.e. Soil/water/air):

Soil, water, air, gardens, plants, grass

If you claim a structure is damaged, please state the year the structure was built:

- b. Identify the specific hazardous substance(s) you claim are present at this property? Don't know

- c. Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? ☒ Yes ☐ No ☐ I do not know

If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and provide a copy of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.

- d. How and when did you first notice or learn of the presence of such Hazardous substances? Don't remember

- e. Are the Hazardous substances still present on the property today?

☒ Yes. ☐ No. ☐ I do not know.

If no, when did the Hazardous substances cease to be present? \_\_\_\_\_

- f. Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?

Li

**PLAINTIFF FACT SHEET**

I am completing this Fact Sheet on behalf of:

☒ myself    ☐ a minor    ☐ other, specify \_\_\_\_\_

**I. BACKGROUND**

1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)

Lilia Factor from Napoli Shkolnik

2. Plaintiff's full name:

William                      Patrick                      Glueckert  
First                              Middle                              Last

3. Current Address:

10 Langdon Rd  
Street Address  
Farmingdale                      NY                      Apt. No. 11735  
City                                      State                                      Zip

4. Date and place of Birth:

5. Social Security number:

6. Maiden name, if any:

7. Any other names that you have been known by:

Bin, Billy

## II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

☒ Yes \_\_\_ No

20. If Yes, please state the address of each property that you claim has been damaged:

PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.)

Owner(s) 3 Kay Ave, Bethpage, NY 11714  
William G. & Patricia Glueckert

- a. What do you claim is damaged at this property? (i.e. Soil/water/air):

Soil, Water, Air, Gardens, Plants,  
Grass

If you claim a structure is damaged, please state the year the structure was built:

- b. Identify the specific hazardous substance(s) you claim are present at this property? : Don't know

- c. Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? ☒ Yes \_\_\_ No \_\_\_ I do not know

If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and **provide a copy** of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.

- d. How and when did you first notice or learn of the presence of such Hazardous substances?

After Being Diagnosed with Brain Tumor, July 2013

- e. Are the Hazardous substances still present on the property today?

☒ Yes. \_\_\_ No. \_\_\_ I do not know.

If no, when did the Hazardous substances cease to be present? \_\_\_\_\_

- f. Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?




Please also provide an authorization to obtain medical records in the form provided at Exhibit E for each Medical Practitioner or Medical Treatment Facility identified.

Please also provide an authorization to obtain medical insurance records in the form provided at Exhibit F for each insurer to whom you submitted a claim with respect to any of the specified conditions or injuries.

30. Have you ever been told by any Medical Practitioners that any of the physical injuries, illnesses or conditions for which you are seeking damages in this lawsuit may have been caused, in whole or in part, by any of the defendants or by Hazardous substances for which you seek to recover damages in this lawsuit?

X Yes. \_\_\_\_ No.

If yes, please state which condition you were told may have been caused, in whole or in part, by any of the defendants or Hazardous substances and identify the Medical Practitioner who told you this and the date on which you were told: \_\_\_\_\_

Brain Tumor, Epilepsy

Don't Remember Specifically who stated that.

31. Please identify all current expenses incurred, such as any medical expenses, including all out-of-pocket expenses which you contend are related to any injury caused by your exposure to Hazardous substances as alleged in the Second Amended Complaint, including the total amount of such expenses at this time.

out of Pocket & Deductible Amount From 2013 - present \$16,000 per year

**PLAINTIFF FACT SHEET**

I am completing this Fact Sheet on behalf of:

☐ myself    ☐ a minor    ☒ other, specify as Executrix of the  
Estate of William G. Glueckert

**I. BACKGROUND**

1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)

Lilia Factor from Napoli SK Kolnik  
William P Glueckert

2. Plaintiff's full name:

William    G.    Glueckert  
 First                      Middle                      Last  
Deceased

3. Current Address:

3 Kay Ave  
Bethpage    N.Y.    11714  
 Street Address                      City                      State                      Apt. No.                      Zip

4. Date and place of Birth: \_\_\_\_\_

5. Social Security number: \_\_\_\_\_

6. Maiden name, if any: \_\_\_\_\_

7. Any other names that you have been known by:

Bill

## II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

☒ Yes ☐ No

20. If Yes, please state the address of each property that you claim has been damaged: 3 Kay Ave Bethpage N.Y.

PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.)

Owner(s) William B. Glueckert deceased

- a. What do you claim is damaged at this property? (i.e. Soil/water/air):

Soil, water, air

If you claim a structure is damaged, please state the year the structure was built:

- b. Identify the specific hazardous substance(s) you claim are present at this property? : don't know

- c. Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? ☒ Yes ☐ No ☐ I do not know

If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and provide a copy of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.

- d. How and when did you first notice or learn of the presence of such Hazardous substances? Don't recall

- e. Are the Hazardous substances still present on the property today?

☒ Yes. ☐ No. ☐ I do not know.

If no, when did the Hazardous substances cease to be present? \_\_\_\_\_

- f. Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?


**Please also provide an authorization to obtain medical records in the form provided at Exhibit E for each Medical Practitioner or Medical Treatment Facility identified.**

**Please also provide an authorization to obtain medical insurance records in the form provided at Exhibit F for each insurer to whom you submitted a claim with respect to any of the specified conditions or injuries.**

30. Have you ever been told by any Medical Practitioners that any of the physical injuries, illnesses or conditions for which you are seeking damages in this lawsuit may have been caused, in whole or in part, by any of the defendants or by Hazardous substances for which you seek to recover damages in this lawsuit?

\_\_\_ Yes. ☒ No.

If yes, please state which condition you were told may have been caused, in whole or in part, by any of the defendants or Hazardous substances and identify the Medical Practitioner who told you this and the date on which you were told: \_\_\_\_\_

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31. Please identify all current expenses incurred, such as any medical expenses, including all out-of-pocket expenses which you contend are related to any injury caused by your exposure to Hazardous substances as alleged in the Second Amended Complaint, including the total amount of such expenses at this time.

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**PLAINTIFF FACT SHEET**

I am completing this Fact Sheet on behalf of:

☐ myself    ☐ a minor    ☒ other, specify Florence Ravcci.

**I. BACKGROUND**

1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)

Lilia Factor, Esq.  
Napoli Shkolnik, PLLC

2. Plaintiff's full name:

Florence Ravcci  
First Middle Last

3. Current Address:

19 Virginia La  
Bethpage, NY 11714  
Street Address City State Apt. No. Zip

4. Date and place of Birth:

5. Social Security number:

6. Maiden name, if any:

7. Any other names that you have been known by:

Flo

## II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

☒ Yes ☐ No

20. If Yes, please state the address of each property that you claim has been damaged:

PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.)

Owner(s) 19 Virginia La  
Raucci, Florence and Salvatore

- a. What do you claim is damaged at this property? (i.e. Soil/water/air):

All of the above

If you claim a structure is damaged, please state the year the structure was built:

- b. Identify the specific hazardous substance(s) you claim are present at this property? :

don't know

- c. Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? ☒ Yes ☐ No ☐ I do not know

If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and **provide a copy** of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.

- d. How and when did you first notice or learn of the presence of such Hazardous substances?

Upon getting the test results in April 2016

- e. Are the Hazardous substances still present on the property today?

☒ Yes. ☐ No. ☐ I do not know.

If no, when did the Hazardous substances cease to be present? \_\_\_\_\_

- f. Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?

**PLAINTIFF FACT SHEET**

I am completing this Fact Sheet on behalf of:

☐ myself

☐ a minor

☒ other, specify

Estate of Salvatore Ravci

**I. BACKGROUND**

1. State the name, address, telephone number, and relationship to you of each person who prepared or assisted in the preparation of the responses to this Fact Sheet. (Do not identify anyone who simply typed or reproduced the responses.)

Lilia Factor Esq.

Napoli: Skolnick, PLLC

2. Plaintiff's full name:

Salvatore

First

Middle

Ravci (deceased)

Last

3. Current Address:

19 Virginia La.

Street Address

Apt. No.

Bohpage

City

NY

State

11714

Zip

4. Date and place of Birth:

5. Social Security number:

6. Maiden name, if any:

7. Any other names that you have been known by:



## II. PROPERTY DAMAGE CLAIMS

19. Are you claiming in this lawsuit that any of your real property (for example, land, building, house) has been damaged by Hazardous substances or any of the defendants?

☒ Yes ☐ No

20. If Yes, please state the address of each property that you claim has been damaged:

PARCEL 1 (if you claim injury to more than one parcel of property, please provide additional pages to complete your response.)

Owner(s) 19 Virginia Lane, Bethpage, NY  
Salvatore and Florence

- a. What do you claim is damaged at this property? (i.e. Soil/water/air):

all of the above

If you claim a structure is damaged, please state the year the structure was built:

- b. Identify the specific hazardous substance(s) you claim are present at this property? :

don't know

- c. Has the soil, groundwater or air at this property ever been tested to discover whether Hazardous substances are present? ☒ Yes ☐ No ☐ I do not know

If yes, please state what was tested (i.e. soil, water, air), the date(s) of the test(s), who did the testing, and **provide a copy** of all results for each of the tests that were performed that you or your attorneys, representatives or agents have, except for testing done in April 2016. If you do not have the test results, please describe them to the best of your ability.

- d. How and when did you first notice or learn of the presence of such Hazardous substances?

Upon getting the test results in April 2016

- e. Are the Hazardous substances still present on the property today?

☒ Yes. ☐ No. ☐ I do not know.

If no, when did the Hazardous substances cease to be present? \_\_\_\_\_

- f. Have you engaged in any investigation of Hazardous substances or removal or remedial action at this property?


**Please also provide an authorization to obtain medical records in the form provided at Exhibit E for each Medical Practitioner or Medical Treatment Facility identified.**

**Please also provide an authorization to obtain medical insurance records in the form provided at Exhibit F for each insurer to whom you submitted a claim with respect to any of the specified conditions or injuries.**

30. Have you ever been told by any Medical Practitioners that any of the physical injuries, illnesses or conditions for which you are seeking damages in this lawsuit may have been caused, in whole or in part, by any of the defendants or by Hazardous substances for which you seek to recover damages in this lawsuit?

\_\_\_\_ Yes. ☒ No.

If yes, please state which condition you were told may have been caused, in whole or in part, by any of the defendants or Hazardous substances and identify the Medical Practitioner who told you this and the date on which you were told: \_\_\_\_\_

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31. Please identify all current expenses incurred, such as any medical expenses, including all out-of-pocket expenses which you contend are related to any injury caused by your exposure to Hazardous substances as alleged in the Second Amended Complaint, including the total amount of such expenses at this time.

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